MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-009946
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 590 Registrar's No. 362

FILED FEB 19 1963

DO NOT WRITE ON THIS STUB — AMENDED

VS 300
Rev. 4/59

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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF | BY AFFIDAVIT OF | DOCUMENT

1. PLACE OF DEATH
a. COUNTY: ST. LOUIS
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): VALLEY PARK
Length of stay in 1b: YRS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: VALLEY PARK NURSING HOME
Inside Limits: Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MO. b. COUNTY:
c. CITY OR TOWN: ST. LOUIS
Inside Limits: Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location): 6617 MAURICE
Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First ANNA Middle L'RENE Last CONDON THOMPSON

4. DATE OF DEATH: Month JAN. Day 30 Year 1963

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. Married ☑ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: SEPT. 24 1883

9. AGE (last birthday): 79
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): SALESLADY

10b. KIND OF BUSINESS OR INDUSTRY: FAMOUS BARR

11. BIRTHPLACE (City and state or country): MO.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: SAMUEL FAIRCHILD

13b. MOTHER'S MAIDEN NAME: LOUISA DOWNEY

14. NAME OF HUSBAND OR WIFE: ANDREW THOMPSON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of servi

16. SOCIAL SECURITY NO.

17. INFORMANT: JAMES CONDON Address: 6617 MAURICE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Bronchial Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 1 week
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c):

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Arteriosclerotic Heart Disease

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☑ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Dec. 19, 1960 to Jan 30, 1963 and last saw her/him alive on Jan. 27, 1963
Death occurred at 5:30 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Robert D Sanders (Degree or title) M.D.

22b. ADDRESS: 1502 Clara Ave

22c. DATE SIGNED: 2-1-63

23a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL

23b. DATE: 2/2/63

23c. NAME OF CEMETERY OR CREMATORY: CALVARY CEM.

23d. LOCATION (City, town, or county) (State): ST. LOUIS MO.

24. FUNERAL DIRECTOR ADDRESS: Thomas Kutis 2906 Gravois

25. DATE RECD. BY LOCAL REG.: 2-1-63

26. REGISTRAR'S SIGNATURE: John C. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 4861

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.